

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 04/17/2017
FORM APPROVED
OMB NO. 0938-0391STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CMS
IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY
COMPLETED

445221

A-BUILDING

04/06/2017

NAME OF PROVIDER OR SUPPLIER

SOUTHERN TENN MEDICAL CENTER-SNF

STREET ADDRESS, CITY, STATE, ZIP CODE

525 HOSPITAL ROAD
WINCHESTER, TN 37398(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETION
DATEF 371: 483.30((1)-(3)) FOOD PROCURE,
SS-F STORE/PREPARE/SERVE - SANITARY

- (I)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.
- (I) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.
- (II) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.
- (III) This provision does not preclude residents from consuming foods not procured by the facility.
- (I)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.
- (I)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption.

This REQUIREMENT is not met as evidenced by:

Based on review of facility policies, observation and interview, the facility failed to ensure kitchen equipment, the dessert freezer and hood exhaust vents were clean and free from debris, and failed to properly air dry steam table pans, in 1 of 2 kitchens observed.

The findings included:

Review of the facility policy Sanitation Program Hazard and MGT. (Management) Prevention

F 371

F 371

This facility does ensure kitchen equipment, the dessert freezer and hood exhaust are clean and free from debris, and properly air dry steam table pans.

All residents residing in the facility have the potential to be affected.

The 2 two inch $\frac{1}{2}$ steam table pans and 4 four inch $\frac{1}{2}$ steam table pans were re-washed and dried and stored properly by the dietary staff on 4/3/17. A dedicated rack for drying was ordered on 4/4/17 by the dietary manager. Rack was delivered and placed into service on 4/12/17. The steam kettle was washed and free of debris by dietary staff on 4/3/17. The grill was cleaned and free of buildup of black charred debris on 4/3/17 by the dietary staff. The exhaust hood vents were cleaned and free of black and dusty debris by the dietary staff on 4/3/17. The 2 ovens with dried/burnt debris were cleaned by the dietary staff on 4/3/17. The 1 knife with dried food debris was cleaned by dietary staff on 4/3/17. The dessert freezer with ice build-up and black debris on the lid, seal, sides, and rim was cleaned by the dietary staff on 4/3/17. The nourishment refrigerator that revealed white flaky dried debris covering the milk storage shelf was cleaned by the dietary staff on 4/4/17. All items will be discussed and assigned daily at the 8:45am dietary briefs and checked off daily at the 2:45pm dietary debriefs by the dietary manager or his designee. All dietary staff will be re-educated regarding responsibility of cooks.

5/1/17

DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

Holly Hooker

Administrator 4/25/17

(X6) DATE

Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 80 days following the date of survey, whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED
		445222			04/05/2017
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE			
SOUTHERN TENN MEDICAL CENTER SNF		828 HOSPITAL ROAD WINCHESTER, TN 37398			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 371	<p>Continued From page 1 dated 4/98 revised 7/16 revealed "... Maintain a clean, safe, and effective environment of care and to prevent the transmission of disease-causing organisms... Clean equipment, walls, floors, and storage areas routinely..."</p> <p>Review of the facility policy Dishes and Silverware dated 4/98 revised 7/16 revealed "...Keep clean utensils separate from dirty ones to avoid contamination... Clean the pots and pans...store them on a rack upside down after they are completely dry..."</p> <p>Review of the facility policy Temperature Monitoring, Refrigerator/Cooling/Warming Equipment dated 5/98 revised 7/16 revealed "...each department is responsible for cleaning food...refrigerators in their areas as needed..."</p> <p>Observation with the Director of Dietary on 4/3/17 at 9:45 AM, In the kitchen revealed the following: a). 2 of 3 two inch ½ steam table pans stored wet b). 4 of 11 four inch ½ steam table pans stored wet c). 1 Steam kettle with dried debris on the outside and top rim. d). 1 Grill with a buildup of black charred debris e). Exhaust hood vents with black and dusty debris f). 2 of 2 ovens with dried/burnt debris on the bottom and the doors g). 1 of 4 knives with dried food debris stored on clean utility rack</p> <p>Observation with the Director of Dietary on 4/3/17 at 10:10 AM, In the kitchen revealed a dessert freezer with ice build-up and black debris on the lid, seal, sides, and rim of the freezer.</p>	F 371	<p>Cleaning of steam table pans and steam kettle daily by the dietary manager by 5/11/17. The dietary manager will re-educate all dietary staff regarding the grill being cleaned daily by the cook and assigned to the Special Functions Coordinator and Chef for weekly terminal cleaning by 5/11/17. The dietary manager will re-educate all dietary staff regarding checking and cleaning the exhaust hood vents daily by 5/11/17. The dietary manager will re-educate all dietary staff regarding daily cleaning of the ovens by the Baker and terminal cleaning on Tuesdays by 5/11/17. The dietary manager will re-educate all dietary staff regarding the cleaning and sanitation of utensils after each use by 5/11/17. The dietary manager will re-educate all dietary staff regarding daily cleaning of the dessert freezer and terminal cleaning weekly by the baker by 5/11/17. The Director of Nursing will re-educate all nursing staff regarding the cleaning of the nourishment refrigerator daily by 5/11/17.</p> <p>The dietary manager or his designee will be responsible for monitoring through observation to ensure compliance daily times four weeks and then weekly on an ongoing basis. Findings will be reported by the Dietary Manager or his designee to the Quality Assurance Performance Improvement Committee monthly times 3 months and then quarterly. The Quality Assurance Performance Improvement Committee consists of the Medical Director, Administrator, Director of Nursing, Social Services, MDS Coordinator, Admissions, Dietary / Environmental Services Manager, Maintenance, and Therapy.</p>		

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NAME OF PROVIDER OR SUPPLIER SOUTHERN TENN MEDICAL CENTER SNF		STREET ADDRESS, CITY, STATE, ZIP CODE: 929 HOSPITAL ROAD WINCHESTER, TN 37398		
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F 371	<p>Continued From page 2</p> <p>Observation on 4/4/17 at 2:30 PM, In the nourishment refrigerator revealed white flaky dried debris covering the milk storage shelf.</p> <p>Interview with the Director of Dietary on 4/3/17 at 10:25 AM, in the kitchen confirmed the facility failed to ensure kitchen equipment, utensils, dessert freezer and hood exhaust vents were clean, sanitary, and free from debris. Continued interview confirmed 8 steam table pans were stored wet.</p> <p>Interview with the Director of Dietary on 4/4/17 at 2:35 PM, in the nourishment room confirmed the facility failed to maintain the nourishment refrigerator in a clean and sanitary manner.</p>	F 371		